

Notary Training

By Deanna M. Keller

Acknowledgement:

Witnessing a Signature:

Jurat:

Foreign Language Document:

Example: Written Statement of Unauthorized Debit

Section III – Signature of Receiver and Assertion of Authority

I am an authorized signer, or otherwise have authority to act, on the account identified in this statement. I attest that the debit above was not originated with fraudulent intent by me or any person acting in concert with me. I have read this statement in its entirety and attest that the information provided on this statement is true and correct.

Date _____ Account Holder Signature _____

State of Montana

County of _____

Sworn to and subscribed before me this _____ day of _____ A.D., 20 _____, by _____

Signature of Notary _____

Printed Name of Notary Public _____

Notary Public for the State of _____

Residing at _____

My commission expires _____

Example: Affidavit of Forgery

I swear this affidavit is true and understand making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or by imprisonment.

NOTICE: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company, submits a statement of claim containing any false, incomplete or misleading information commits a crime.

Sign your name five times: _____

State of _____ County of _____

Subscribed and sworn to before me this _____ Day of _____ 20 _____

Notary Public

Example: Affidavit of Fraud

I give my consent to the credit union to release any information regarding my card and/or card account to local, state and federal law enforcement agencies so that the information can, if necessary, be used in the investigation and/or prosecution of any person(s) who may be responsible for fraud involving my card and/or my card account. Further, I understand I may be required to comply with a court order or subpoena to give testimony. I swear this affidavit is true and understand that making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or by imprisonment.

State of: _____	NOTICE: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company, submits a statement of claim containing any false, incomplete or misleading information commits a crime.
County of: _____	
Subscribed and sworn to before me this _____ Day of _____, 20____	_____
_____	Member's Signature
(Notary Public)	Co-Applicant/ Authorized Signer

Example: Title Power of Attorney

Hereby appoint **Missoula Federal Credit Union of Missoula, MT**, my attorney with full authority to execute all instruments, documents, affidavits, etc. to effect registration, transfer of title, application for title, or _____ covering the above described motor vehicle/vessel in my place and stead.

I certify that the statements made and information contained on this form are true and correct to the best of my knowledge, information, and belief; I am the person named on this form.

(Owner/applicant signs above line)

(Date)

(Owner/applicant signs above line)

(Date)

Notary use only (one or two parties):

Notary use only (if signed separately):

<p>State of _____</p> <p>County of _____</p> <p>This instrument was signed or acknowledged before me on _____</p> <p>By _____</p> <p>(Print name(s) of signer(s))</p> <p>_____ (Notary Signature) [Affix seal/stamp to the left or below]</p>	<p>State of _____</p> <p>County of _____</p> <p>This instrument was signed or acknowledged before me on _____</p> <p>By _____ (Name of signer)</p> <p>_____ (Notary Signature) [Affix seal/stamp to the left or below]</p>
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Example: Bill of Sale

I further certify that:

- I have the right to sell the vehicle/vessel described above and will warrant and defend the title against the claims and demands of all persons except the secured party noted on the Montana title application.
- Under penalty of law (MCA 45-7-203), I certify that the statements made and information contained on this form are true and correct to the best of my knowledge, information, and belief; I am the person named on this form; and, if signing for a business entity or trust, I have full authority to do so.

Seller's signature _____ Date _____
This is my legal signature (All owners must sign)

Seller's printed name _____ DL/FEIN/Tribal ID/Corp ID* _____
If signing for a business entity, give full entity name

Address _____

*DL=Driver License No.; FEIN=Federal Employee Identification No.; Tribal ID=Tribal Identification Card No.; Corp ID=Corporate Identification No.

Notary Use Only:			
State of	County of	Signed before me on (date)	Notary Stamp/Seal
by (clearly print name of person signing form)			
Notary signature			

MV24 (1/18)

Montana county and state authorities reserve the right to reject any form that has been altered.
This form is available in alternate formats for people with disabilities.

Example: Montana Title (second signature)

Owner(s) Name and Address

Doe, Sally
123 Main St
Missoula, MT 59801

Doe, James

This entire section must be completed when selling, trading or transferring your vehicle/vessel.

Step 1 -- Owner(s) Assignment of Title to Purchaser(s)

Owner(s) shown above must enter the name and address of the purchaser(s) here. Do not leave these lines blank -- doing so constitutes an "open title" and is a violation of state law.

Print Name of Purchaser(s), whether individual(s) or business

Address

Step 2 -- Owner(s) Mileage Disclosure and Release of Interest

Warning: Federal and state law requires that you state the mileage of the vehicle -- failure to do so or providing a false statement may result in fines and/or imprisonment.

I/we state that this (check one) ☐ 5 ☐ 6 digit odometer now reads (no tenths) _____ miles, date read _____ and to the best of my/our knowledge it reflects the actual mileage unless one of the following statements is checked:

**DO NOT CHECK
UNLESS
APPLICABLE**

- ☐ The odometer reading reflects the amount of mileage in excess of its mechanical limits.
☐ The odometer reading is not the actual mileage. Warning - odometer discrepancy.

I/we certify under penalty of law (Section 45-7-203 Unsworn Falsification to Authorities) that the statements made on this certification are true and correct to the best of my/our knowledge, information and belief, that I am/we are the same person (s) named above, and if signing for a commercial entity, I/we have full authority to do so.

All owners must sign in ink. If commercial entity, enter business name.

X
Signature of Seller -- or -- Business Name

Printed Name -- must be same as signature (do not type)

X

Signature of Seller (if more than one) -- or -- Business Name

Printed Name -- must be same as signature (do not type)

DO NOT NOTARIZE OR VERIFY UNLESS SIGNED IN YOUR PRESENCE AND PURCHASER NAME(S) IS LISTED

State of _____ County of _____

Subscribed and affirmed to before me on (date) _____ by (clearly

print name of person appearing before you) _____

Notary signature _____

Printed name _____

Title or rank _____

For the State of _____ County of _____

Residing at _____

My commission expires _____

Affix
Notary
Seal
Here

Step 3 -- Purchaser(s) Acknowledgment of Mileage Disclosure

I am/we are aware of the above odometer certification made by the seller(s).

X

Signature of Purchaser -- only one signature is required

Date of Sale _____

Printed Name -- must be same as signature (do not type)

PURCHASER(S): See reverse side for Title Application (Section D) or Dealer/Insurer Reassignments (Sections A,B,C)

Mail To:

Doe, Sally
123 Main St
Missoula, MT 59801



This vehicle/vessel is subject to the following security interest(s).

The vehicle/vessel may be subject to other security interest(s).

The Montana Department of Justice, Motor Vehicle Division, hereby certifies that the person(s) named above is/are the owner(s) of the vehicle/vessel described, which is subject to the security interest(s) shown.

Example: Notarial Certificate for a Montana Motor Vehicle Title

**Notarial Certificate
For a Montana Motor Vehicle Title**

State of Montana

County of _____

The attached motor vehicle title, # _____, _____ for a
(Title Number) (VIN #)

_____ was signed before me on _____
(Year, Make & Model) (Date)

by _____
(Printed Name of Signer)

(Notary's Signature)

Affix Seal/Stamp Above

Affidavit for Collection of Personal Property of the Decedent

Affidavit for Collection of Personal Property of the Decedent

STATE OF MONTANA County of _____

Name of County

Pursuant to Section §72-3-1101 Montana Code Annotated

_____, after being first duly sworn, states that:
Successor's Name

1. _____ died on _____
Decedent's Name Date of Death

2. The value of the decedent's entire estate, wherever located, less liens and encumbrances, does not exceed \$50,000.

3. Thirty (30) days have elapsed since the death of the decedent. (A certified death certificate accompanies this Affidavit.)

4. No application of petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.

5. The claiming successor (affiant), _____, is entitled to the
Successor's Name
decedent's interest in the personal property, described as _____

Describe asset: bank account number, insurance policy company number, or stock

I have read the foregoing statements and affirm that all of the above are true.

Successor's (Affiant) Name

State of Montana County of _____

This instrument was signed before me on _____

by _____
Print name of signer(s)

Notary Signature

[Montana notaries must complete the following, if not part of stamp.]

Printed Name

Affix seal/stamp as close to
signature as possible.

Notary Public for the State of Montana

Residing at _____

My Commission expires: _____, 20 _____

Example: Authorization to Release Information

Section E – Authorization Statement and Signature

I, _____ (applicant name), am aware that _____ (provider or its authorized representative), has requested confidential information from the Montana Department of Public Health and Human Services, in accordance with 41-3-205(3)(o), MCA as part of a review of my personal background in connection with my status as a current or prospective employee of or volunteer for that entity.

I am aware that CFSD, DMV, and DOJ records may contain information that could adversely affect my employment or volunteer status and/or approval as outlined in ARM 37.95.161 and ARM 37.95.176. These records will relate to criminal history records, motor vehicle records as well as any report(s) of child abuse or neglect in Montana that indicates a risk to children. Records that indicate a risk to children are those that show a substantiation of child abuse/neglect on the person; and/or a history that shows that a child in the care of the person was adjudicated by a court as a youth in need of care, and/or a history that shows that the person has had their caregiver rights to a child terminated. As a household member, I understand that I am also subject to the above requirements.

I am also aware that although the entities or individuals requesting and receiving confidential CFSD information are bound by law or agreement with DPHHS to protect or preserve its confidential nature, DPHHS has no ability or authority to ensure that confidentiality is maintained after this information is released by DPHHS.

In full acknowledgement of the above information and notice, I authorize CFSD to provide the requested confidential information to the provider or its authorized representative identified above, and **I hereby also release CFSD from any claims or causes of action which may subsequently arise from release of this confidential information.**

NOTE: Any deletions or oversights may result in the denial of your application.

Signed: _____ Date: _____

(To be signed in front of a notary)

TO BE COMPLETED BY A NOTARY PUBLIC:

Taken, sworn, and subscribed before me this _____ day of _____ A.D. _____

Notary Public for the State of Montana

Residing at: _____

My commission expires: _____

Example: internship Experience Affidavit

The Board office must receive this affidavit within 30 days after completion of an internship period. Credit for time spent in subsequent training periods will not be granted unless Notification of Internship Site, Evaluation of Internship Site, and Internship Experience Affidavits for preceding time are completed and received by the Board office.

The above information in the Weekly Report of Hours was taken from payroll or other records, which are available at the above address and may be examined upon reasonable notice by the Montana Board of Pharmacy or any of its inspectors.

Signature of Preceptor _____

Subscribed and sworn to before me this _____ day of _____, _____ at _____

City/State

SEAL

Signature of Notary Public

Notary Public Printed Name

For the State of

Commission Expiration

Example: Affidavit to Claim Excuse

AFFIDAVIT TO CLAIM EXCUSE	
STATE OF MONTANA COUNTY OF CASCADE	
<div style="border-bottom: 1px solid black; width: 80%; display: inline-block;"></div> , being first duly sworn upon oath, depose and say that; I would like to be excused from jury service on the following dates: <div style="border-bottom: 1px solid black; width: 300px; display: inline-block;"></div> for the following reason (s): <div style="border-bottom: 1px solid black; width: 80%; display: inline-block;"></div> <div style="border-bottom: 1px solid black; width: 80%; display: inline-block;"></div> <div style="border-bottom: 1px solid black; width: 80%; display: inline-block;"></div>	
X <div style="border-bottom: 1px solid black; width: 300px; display: inline-block;"></div> Juror's Signature	<div style="border-bottom: 1px solid black; width: 200px; display: inline-block;"></div> *current phone number
Subscribed and sworn to before me this day of _____, 20__	
<div style="border-bottom: 1px solid black; width: 150px; display: inline-block;"></div> Notary Public for the State of Montana	
Residing at <div style="border-bottom: 1px solid black; width: 150px; display: inline-block;"></div>	
My Commission expires	

Notarizing Documents Written in a Foreign Language

1. Require the personal appearance of the signer.
2. Review the document to determine the type of document and type of notarial act required.
3. Identify the signer as the person who is supposed to sign the document.
4. Determine that the signer is signing the document competently and voluntarily.
5. Complete the journal entry and the notarial certificate.